

NEVADA STATE BOARD OF HEARING AID SPECIALISTS

Post Office Box 190
Carson City, Nevada 89702
702-571-9000 – message phone

COMPLAINT FORM

COMPLAINANT INFORMATION:

Complainant Name: _____

Complainant filed on behalf of (if different than above): _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Home/Evening Phone No.: _____ Work Phone No.: _____

COMPLAINT FILED AGAINST:

Specialist Name: _____

Company/Business Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____

SUMMARY OF COMPLAINT (Please be as brief and concise as possible. You may attach additional pages, if necessary).

Did you ask for a refund of your money within thirty days of receipt of the hearing aid? Yes____ No____ If so, what specific date did you request a refund:_____

Have you contacted the Specialist concerning this complaint? If so, what method?

Telephone_____ ; In Person _____; Other_____

Did the Specialist respond? If so, how did they respond (You may attach additional pages if necessary). _____

Were there any witnesses present? If so, please give name(s), address(es), and phone number(s), if possible. _____

Would you be willing to testify at an administrative hearing regarding this accusation? Yes_____ No_____ Other (please specify)_____

I authorize the Nevada State Board of Hearing Aid Specialists to provide a copy or summary of this complaint to the Specialist named above and; I authorize Nevada State Board of Hearing Aid Specialists to obtain a copy of my patient health records from the Specialist named above; if deemed necessary by the Board, its agent, representative, servants or employees.

_____, being first duly sworn, depose and says: that he/she has read the foregoing complaint and knows the contents thereof, and; that the same is true of his/her knowledge, except for those matters therein contained stated upon information and belief and as to those matters he/she believes to be true.

Signature of Complainant

Date

SUBSCRIBED AND SWORN TO BEFORE ME:

this_____ day of _____, in the year _____.

Notary Public

Seal